



Secondhand Smoke Complaint Referral Form

Please note that the information in the box below must be complete
in order for the Massachusetts Department of Public Health to investigate this complaint.

Name of Business _____

Business Address _____ City/Town _____

Date of incident _____ Approximate time of incident _____ AM PM

Specify the location within the establishment of the incident:

Private Office	<input type="checkbox"/>	Primary Work Area	<input type="checkbox"/>	Employee Lounge	<input type="checkbox"/>
Men's Restroom	<input type="checkbox"/>	Women's Restroom	<input type="checkbox"/>	Restroom	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	Storeroom	<input type="checkbox"/>	Stairs	<input type="checkbox"/>
Dining Room	<input type="checkbox"/>	Bar (Area)	<input type="checkbox"/>	Hallway	<input type="checkbox"/>

Other ☐ Describe other: _____

Who was smoking? (check as many as apply) Customer ☐ Employee ☐ Unknown ☐

Additional Information/Optional Comments: _____

Optional information:

Name of person filing complaint: _____ Phone: _____

Address: _____ City/Town: _____ Zip Code: _____

This form should be used to report suspected violations of the Massachusetts Smoke-free Workplace Law. If you have additional questions, please call 1-800-992-1895.

Fax your completed form to: (617) 624-5921

Or mail your completed form to:
Massachusetts Tobacco Control Program
Massachusetts Department of Public Health
250 Washington Street, 4th floor
Boston, MA 02108-4619